Facility:
Surveyor:
PreSurvey Date:

PreSurvey Training Outline Patients' Rights Ambulatory Surgical Center

Directions Pre-Survey Preparation: Complete Assignments 1–3 independently. As part of Assignment 4, review what you have completed thus far with your preceptor. Assignment 5 prompts you to document your plan independently for surveying Patients' Rights during the upcoming survey. Review your plan for this survey of Patients' Rights with your preceptor in Assignment 6.

Assignment	Answer
§416.50 Condition for Coverage	
(CfC): Patients' Rights	
Assignment 1:	Answer:
In a short paragraph, document your	
understanding of this requirement. Do	
not look at the State Operations	
Manual (SOM) or other reference	
material before answering the	
question.	
Note: This is a benchmark of your	
current knowledge to review with your	
preceptor. This is not a recorded	
grade.	
Assignment 2:	Answer:

Facility: Surveyor: PreSurvey Date:

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Assignment	Answer
Read the CfC and related standards in	
the SOM. Remember to look for	
current (dated after the last revision of	
Appendix L) Survey and Certification	
memos. Refer to the instructions in the	
"Helpful Links for Surveyors"	
document for guidance on comparing	
revision dates of the Tags in the SOM	
to issue dates of S&C memos.	
What is your understanding of this	
requirement now? Has your	
understanding changed since reading	
the SOM? If so, how?	
Assignment 3:	Answer:
Describe what you think compliance	
with the CfC "looks like" in the	
facility. In other words, describe what	
you would find in the facility that is in	
compliance.	
Assignment 4:	Dragantar Daviavy
Assignment 4:	Preceptor Review:

Facility:
Surveyor:
PreSurvey Date:

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Assignment	Answer
Review Assignments 1-3 with your preceptor. Clarify any questions or misunderstandings before moving on to Assignment 5.	
Assignment 5:	Survey Plan:

Facility: Surveyor: PreSurvey Date:

PreSurvey Training Outline Patients' Rights Ambulatory Surgical Center

Assignment	Answer	
For the Patient's Rights CfC and	Observations (What do you want to observe/locations?)	
standards, consider what activities you		
will do in the field to determine		
compliance and document it.		
Reference the SOM as needed. These		
answers serve as your plan.		
§416.50 Condition for Coverage:		
Patients' Rights	Interviews (Who would you interview and why? Formulate at least three pertinent	
-	questions.)	
§416.50(a)(1) Standard: Notice		
of Rights		
8416 50()(2) St. 1 1		
§416.50(a)(2) Standard: Advance Directives		
Advance Directives		
§416.50(a)(3) Standard:		
Submission and Investigation	D	
of Grievances	Document Review (What documents do you want to see and why?)	
§416.50(b) Standard:		
Disclosure of Physician		
Financial Interest or		
Ownership		
§416.50 (c) Standard: Advance		
Preceptor Manual, 2013		4
Provider Type: Ambulatory Surgical Ce	hters	
§416.50 (d) Standard:		
Submission and Investigation		

Facility:
Surveyor:
PreSurvey Date:

PreSurvey Training Outline Patients' Rights Ambulatory Surgical Center

Assignment	Answer
Assignment 6	Preceptor Review:
Meet with your preceptor. Present your plan for survey. Discuss concerns and questions you might have.	(Is the surveyor's plan adequate? What recommendations do you have?)
Final Pre-Survey Preparation:	Preceptor/New Surveyor: Comments/Plan/Other
Date of Survey:	
Survey Logistics: (Meeting place,	
time, etc.)	

Facility:
Surveyor:
Survey Date:

Post-Survey Training Outline Patient Rights Ambulatory Surgical Center

Directions: Post-Survey: Document your actual investigation on the Surveyor's Notes. After the survey, review your Surveyor Notes with your preceptor and compare them to your original plan. Then complete the following assignments.

Assignment	Answer
§416.50 Condition for Coverage:	
Patient Rights	
Assignment 7:	Answer:
What did you learn about surveying	
Patients' Rights while at the facility?	
What questions do you have for your	
preceptor? Was your plan effective?	
What did you see as a challenge?	
Assignment 8:	Answer:
Document how you would write the	
statement of deficiency, if applicable,	
according to state agency policy	
Assignment 9:	Answer:
Review the actual Form CMS–2567	
from this survey. Do you agree with	
the findings? Discuss any differences	
with your preceptor.	
Assignment 10:	Preceptor Review:
Review assignments 7 - 10 with your	
preceptor. Clarify any questions or	
misunderstandings.	

Facility:
Surveyor:
Survey Date:

Post-Survey Training Outline Patient Rights Ambulatory Surgical Center

Assignment	Answer
Date of Survey:	
Location:	
Time:	

Facility:
Surveyor:
Survey Date:
Current Date

Self-Assessment and Feedback Tool Patient Rights Ambulatory Surgical Center

Directions Self-Assessment: Complete the self-evaluation form by filling in the New Surveyor column and give your self-evaluation to your preceptor. Use this time with your preceptor to review your self-evaluation and to seek/provide additional feedback. Finally, identify any opportunities for further learning regarding the survey of Patients' Rights within an Ambulatory Surgical Center (ASC) through a jointly developed action plan. Identify a time frame to review your progress through the action plan. At the review date, meet with your preceptor to comment on each action item and identify any follow-up items if needed. Once all action items and follow-up items are complete on the action plan, document the completion date.

CfC +/or Standard Being Surveyed (If applicable): Patients' Rights

New Surveyor:	Preceptor:	
Brief Self-Evaluation of Performance	Brief Evaluation of New Surveyor Performance	
Self-Identified Learning Needs	Preceptor-Evaluated Learning Needs	

Facility: Surveyor: Survey Date: Current Date:

Self-Assessment and Feedback Tool Patient Rights Ambulatory Surgical Center

New Surveyor:		Preceptor:		
Action Plan Development and Review				
Action Item:	Review Comments:		Follow-Up Comments (if needed):	
Developed Jointly by:	Date for Review:		Follow-Up Date (if needed):	
Date Started:	Date Review Comple	te:	Date Action Plan Complete:	